CASE WESTERN RESERVE UNIVERSITY

CAPITAL PROJECT AUTHORIZATION FORM

Date: _____

Project Title: _____ - _____
Building Name* **Task Name**

* University Building Identification Document -
[See "Construction Administration Dept" Website - Project Process]

Requestor: _____

Department: _____

Campus Planning & Operations Office Use --
SpeedType: **CIP**
Log Date: _____

PS8.4 Entry (30 characters): "Bldg-Task"

Project Description: For ☐ Planning/Design, ☐ Construction, which includes (specify details):

Project Start Date (Required): _____ Est. Total Project Cost from Reverse Side ("TBD" if unknown): $0

Estimated Construction Start Date: _____ (to update, call x6907) Assigned Project Manager/Coordinator: _____

Est. Substantial Completion Date: _____ (to update, call x6907) **Capitalization (*to be filled out by Assigned PM/Coord*):**

Requested Occupancy Date (Required): _____ (to update, call x6907) ☐ Capitalize ☐ Non-Capital ☐ Mixed

Authorization Requested For:

☐ Funding Increase [Provide brief explanation above; show previous funding below.]

☐ Funding Decrease [Provide brief explanation above; show previous funding below.]

☐ New Project, total cost expected to be: ☐ **$10,000 - $250,000** ☐ **$250,000 - $3,000,000** (University Planning Committee Approval Required) ☐ **Over $3,000,000** (Board Approval Required)

WILL FEDERAL MONEY BE USED ON ANY PART OF THIS PROJECT?

>>>> [Required: PM/Coord to Confirm with School/Mgmt Ctr] <<<< ☐ *YES* ☐ *NO* ☐ *MAYBE*

List special bidding, reporting, or requirements associated with funding source(s):

_____

Funding SpeedType/Account Requested: ***[Place an asterisk (*) before the new request(s), and leave Date blank.]***

	Date	Source of Funds (Name)	Source SpeedType + Acct #	Transfer Amount	Cumulative Total
				Previous Balance Forward:	$ 0
*				$ 0	$ 0
				$	$ 0
				$	$ 0
				$	$ 0
				$	$ 0

Routing for Approval:

Dean, VP, or Designee: _____
Date: _____

VP Campus Planning & Operations: _____
Date: _____

CFAO: _____
Date: _____

University Budget Office: _____
Date: _____

Routing After Approval:

Original: Controller's Office
Copy: Requestor
Copy: Plant Purchasing
Copy: Project Manager/Coordinator
Copy: Safety Services (If lab project)
Copy: Const Serv Project Accountant
Copy:
Copy: (tbd) _____

Budget Office Use --

Project approved for Capital Budget of FY: *FY* _____

Capital Budget No.: _____ *Approved:* *$* _____

Approvals Required:
☐ *UPC* ☐ *None*
☐ *BOT*

Approvals:

University Planning Committee Request: *Amt $* _____ *Submitted:* _____ *Approved:* _____
Increase in UPC Approved Budget: *New Total $* _____ *Resubmitted:* _____ *Approved:* _____

Board of Trustee Request: *Amt $* _____ *Submitted:* _____ *Approved:* _____
Increase in BOT Approved Budget: *New Total $* _____ *Resubmitted:* _____ *Approved:* _____

(fill out reverse side & copy to make 2-sided form)

CPAF Rev. 8-29-07 JES